TRANSMITTAL OF UTILITY PATENT APPLICATION FOR FILING

Certification under 37 CFR 1.10 (if applicable)

EL841694927US	October 23, 2001	
"Express Mail" mailing label number	Date of Deposit	Zéor
	ation, and any other documents referred to as enclosed herein, ass Mail Post Office to Addressee" service under 37 CFR 1.10 cssioner for Patents, Washington, D.C. 20231.	are being deposite
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Cederic Rodgers	edem lucare	<u> </u>
(Typed or printed name of person mailing application)	(Signature of person mailing applic	cation)
BOX PATENT APPLICATION	Attorney Dock	et No. <u>PPI-131</u>
COMMISSIONER FOR PATENTS		
Washington, D.C. 20231		
Sir:	Customer Nur	nber <u>002387</u>
Marin A Marin A Ma Marin A Ma Ma Ma Marin A Marin A Marin A Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma M	opplication of inventor(s): Ragab El-Rashidy and Bruce	Ronsen
and entitled: APOMORPHINE-CONTAININ MALE ERECTILE DYSFUNC	NG DOSAGE FORM FOR AMELIORATING TION	
1. Type Of Application		
1. Type Of Application This application is: an original (nonprovisional) application a division of prior application Serial N		
an original (nonprovisional) application	nn	
a division of prior application Serial N		
a continuation of prior application Ser		
$\overline{\underline{X}}$ a continuation-in-part of prior application		
X The entire disclosure of the prior application application and is hereby incorporated by re-	n is considered as being part of the disclosure of the accepterence therein.	companying
2. Enclosed Application Elements are:		
X A duplicate copy of this transmittal letter,		
X specification (including claims and abstract	c) containing pages 1-75;	
	3) sheet(s) of formal drawings, OR	
1 copy of	sheet(s) of informal drawings,	
an executed declaration or oath for the utili	ty patent application including a power of attorney, OR	
X an unexecuted declaration or oath for the ut	tility patent application including a power of attorney, C)R
	icluding power of attorney from a priority application,	
statement deleting inventor(s) named in the		
Microfiche Computer Program		
nucleotide and/or amino acid sequence		
a computer readable copy		
b paper copy		
c statement verifying above copies		

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- 3. Enclosed Accompanying Application Parts are:
 - Preliminary Amendment
 - Claim cancellations are indicated in Preliminary Amendment
 - X one itemized, stamped, and self-addressed postcard for the PTO Mail Room date stamp.
 - __ English translation document
 - _ Information Disclosure Statement including Form PTO-1449 and copies of the citations therein.
- 4. Small entity status
 - ___ Applicant claims small entity status. See 37 CFR 1.27.
- 5. Filing Fees (as calculated below)

	(Col. 1)	(Col. 2)			
For:	Number Filed	Number Extra	Rate	Fee	
Basic Fee				\$	740
Total Claims	10 — 20	= 0	x \$ 18 =	\$	-0-
Independent Claims	3—3	= 0	x \$ 84 =	\$	-0-
Multiple Dependent Claim Presented (if applicable) + \$280 =			\$	N/A	
			Subtotal	\$	740
Reduction by 50% for filing by small entity				\$	N/A
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2				¢	740

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

TOTAL \$ 740

Please charge my Deposit Account No. 15-0508 in the amount of \$

- X A check in the amount of \$740.00 to cover the filing fee is enclosed.
- X The Commissioner is authorized to charge payment of the following amounts associated with this communication or credit any overpayment to Deposit Account No. 15-0508:
 - X Additional filing fees under 37 CFR 1.16 or deficiencies in remittances therefor.
 - X Additional processing fees under 37 CFR 1.17 or deficiencies in remittances therefor.
- X ONLY if applicant has partially paid the patent issue fee under 37 C.F.R. §1.18, then the <u>deficiency</u> shall be charged to Deposit Account No. 15-0508, and the Commissioner is authorized to so charge the Deposit Account.
- X The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 15-0508 for any fee that may be due in connection with such a request for an extension of time.

Date: October 23, 2001

Attorney's Signature

Name and Registration No. Talivaldis Cepuritis (Reg. No. 20,818)

Correspondence Address:

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